



C.L. "BUTCH" OTTER – Governor  
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# IDAHO DEPARTMENT OF HEALTH & WELFARE

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DIVISION OF MEDICAID  
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January 13, 2009

Molly Scott, Administrator  
1 Step Closer, LLC  
496 G. Shoup Avenue W.  
Twin Falls, Idaho 83301

Dear Ms. Scott:

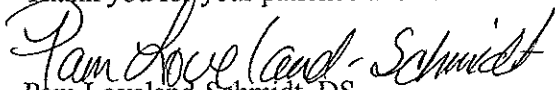
Thank you for submitting the 1 Step Closer, LLC Plan of Correction dated January 12, 2009. Survey and Certification has reviewed and accepted the Plan of Correction in response to the Department's Compliance Review findings. As a result, we have issued 1 Step Closer, LLC a full one year certificate effective from December 1, 2008 through November 30, 2009.

According to IDAPA 16.04.11.203.01, this certificate is contingent upon the correction of deficiencies. Your agency will be required to submit documentation to substantiate that you your Plan of Correction has been met. Documentation must be submitted within 7 days of the date of completion listed on your agency's plan of correction. All supporting documentation must be submitted no later than February 17, 2009. You may submit supporting documentation as follows:

Fax to: 208-239-6269  
Email to: [lovelanp@dhw.idaho.gov](mailto:lovelanp@dhw.idaho.gov)  
Mail to: Dept. of Health & Welfare  
DDA/Res Hab Survey & Certification  
1070 Hiline, Suite 260  
Pocatello, Idaho 83201  
Or deliver to: Above address

You can reach me if you have any questions at 208-239-6267.

Thank you for your patience and accommodating us through the survey process.

  
Pam Loveland-Schmidt, DS  
Medical Program Specialist  
DD Survey and Certification

# Statement of Deficiencies

Developmental Disabilities Agency

1 Step Closer, LLC

5-1STEP141

496 G Shoup Ave W

Twin Falls, ID 83301-

(208) 734-8570

Survey Type: Recertification

Entrance Date: 10/20/2008

Exit Date: 10/23/2008

## Initial Comments:

Surveyors Present: Pam Loveland-Schmidt, Medical Program Specialist DDA/Res Hab Survey & Certification; Georgette Kern, Medical Program Specialist DDA/Res Hab Survey & Certification; and Roz Isaac, M.ED., DD Program Supervisor, FACS.

## DT Observation Summaries

Participant 1 – The child was observed in a community based setting (Fred Meyers). Her therapist was working on answering yes/no to questions, identifying wants/needs, and identifying emotions in the context of a shopping experience. Intermixed with formal programs was an excellent variety of life skills training opportunities. The therapist provided intervention in an unobtrusive manner and was proactive in redirecting rather than allowing behavior to escalate. Therapy was provided 1-1 and although another child and therapist attended the setting at the same time, individual programs were run appropriately and the two staff was each focused on their participant and the intervention. Although the child was treated in a respectful manner and reinforced well, there was only one instance in the 1 hour observation when "please/thank you" were modeled.

Participant 2 – The child was observed in a community based setting (Fred Meyers). His therapist was working on following a 2-step request. Other life skills were addressed that were appropriate to this setting including making choices and categorization. Therapy was unobtrusive and the child seemed to be enjoying this experience. He was very interactive and his therapist responded in a natural manner. He appeared to enjoy this shopping excursion and was able to choose an item to buy. Reinforcement was subtle yet immediate. It seemed that the child is accustomed to community settings and needed little prompting regarding acceptable behavior. Therapy was provided 1-1 and although another child and therapist attended the setting at the same time, individual programs were run appropriately and the two staff each focused on their participant and the intervention. The child was treated in a respectful manner but at no time during the hour was it noted that "please" and "thank you" were modeled for him. While in the checkout line, the observer did use an exaggerated courtesy model to test whether staff would respond to that model and implement it with the child. Rather than using the opportunity reinforce the child for his courteous behavior, he was corrected when he did not respond with "you're welcome" when the observer said "thank you".

## IBI Observation Summaries

Participant 3 – The child is a three year old who recently transitioned from the 0-3 program. Initially the therapist worked with him in a ~~play~~ <sup>play</sup> situation. His therapist is on a provisional IBI certificate. It seemed that she was struggling with implementing programs in this type of intervention. The goal areas being addressed were following directions, communication, and asking for a desired item. The child appeared

to be fixated on a toy train that made noises and moved along a track. When it was time to move to the next activity, the therapist used an immediate change directive rather than setting up a transition. Once the track had been gathered up, it seemed that the child did not want to change activities nor give up the train. After multiple directives to put up the track, he turned away from the therapist with the train in both arms. At that point she grasped the child's shirt and pulled him around and toward her as a physical redirect firmly telling him to put up the track. She then took the train from him and used a full physical assist to help him put the track away. After that, they immediately went to the discrete trial area and worked on following directions. Although reinforcement was provided it seemed to be very repetitive and "mechanical" (i.e. "good job"). She used "you need" directives that seemed to be ineffective. It is suggested that this therapist receive further training especially in the "Positive Behavior Supports" model, play-based intervention, reinforcement strategies, and developmental skills and expectations of very young children. She may benefit from further mentoring that could include video analysis of therapy sessions. Her student project should include evidence that these skills have been mastered.

Participant 4 – The child was observed in the center during after school snack time and in a discrete trial setting. Programs run included eating skills, acknowledge other's presence, and following directions. His therapist demonstrated very high skill levels in managing behavior, reinforcement, utilizing the discrete trial format, and facilitating transition. Using the child's choice of reinforcers, she varied them well and kept the training at a very positive level. She used body positioning (especially in gaining eye contact) well as an intervention strategy. When the child struggled with gaining internal controls at the end of snack, she used body positioning to help keep him safe, help him gain control, and to provide little reinforcement for the unacceptable behavior. Her strategy seemed to help him regain control without overt intervention. Transitions were well planned and the discrete trial format was nicely presented with very positive reinforcement that seemed to be effective. The only suggestion in that format would be to provide successive trials when he has demonstrated a skill to reinforce and "cement" that skill before moving on to another concept. The therapist did revisit that new skill in successive trials to allow the child opportunities to practice it again and to be successful.

Family Interview Summary – 1 of 4 families was successfully contacted. That parent was highly complimentary of both her daughter's program and staff person stating that services are "absolutely phenomenal". She state that she has immediate ongoing contact with agency professionals and is "blessed" in that her child gets outstanding services from caring staff. She believes that her daughter absolutely is making progress as a result of the services that are provided and that skill gains are evident.

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.705.01.c	Participant Records	Agency has pursued outside technical assistance to improve overall quality of the agency. This training will include appropriate changes and other examples on how to improve the overall quality assurance. All changes will be completed and updated by February 10, 2009. Owner, DS and/or DS will be responsible for receiving the technical assistance and implementing changes. Once this training has occurred, all IPP's will be redone with appropriate changes. We will have all other participants IPP's completed by May 2, 2009.
01. General Records Requirements. Each participant record must contain the following information: (7-1-06) c. Program Implementation Plans, program documentation and monitoring records that comply with all applicable sections of these rules; (7-1-06)	2 out of 4 participant (1,2) record lacked:  *Evidence the record contains program implementation plans, program documentation and monitoring records that comply with all applicable sections of these rules.	No Participants were directly affected by this deficiency, as services were not interrupted.

		Participant files are reviewed monthly and will continue to be monitored. Changes will be made when necessary.
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**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.915.10.a-d  915.POLICIES REGARDING DEVELOPMENT OF SOCIAL SKILLS AND APPROPRIATE BEHAVIORS. Each DDA must develop and implement written policies and procedures that address the development of participants' social skills and management of inappropriate behavior. These policies and procedures must include statements that: (7-1-06) 10. Appropriate Use of Interventions. Ensure that interventions used to manage a participant's inappropriate behavior are never used: (7-1-06) a. For disciplinary purposes; (7-1-06) b. For the convenience of staff; (7-1-06) c. As a substitute for a needed training program;	Positive Social Skills  1 out of 4 Participants (3) observed lacked:  *Evidence interventions used to manage a participant's inappropriate behavior are never used for disciplinary purposes; for the convenience of staff, as a substitute for a needed training program or by untrained or unqualified staff. For example: See observation for participant (3).	Training has been conducted to the employee on this specific child and his programs. She will continue to be trained and supervised on all children with whom she works with. Owner, DS was responsible for this training. Owner, DS and/or DS will be responsible for ongoing training and random observations of this employee and all other employees.  Participants could be affected by the listed deficiency due to lack of transition from the activities which could escalate behaviors that could be redirected easily.  If this deficiency continues disciplinary action will be taken. The employee manual will be followed for the disciplinary actions.

or (7-1-06) d. By untrained or unqualified staff. (7-1-06)		Training was completed on November 18, 2008. A form was signed and dated the the training was conducted and understood.
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<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for More Than Minimal Harm	<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.009.01  009. MANDATORY CRIMINAL HISTORY AND BACKGROUND CHECK REQUIREMENTS. 01. Verification of Compliance. The agency must verify that all employees, subcontractors, agents of the agency, and volunteers delivering DDA services to participants with developmental disabilities have complied with IDAPA 16.05.06, Rules Governing Mandatory Criminal History Checks." (7-1-06)	Criminal History  1 out of 5 Employees (4) record lacked:  *Evidence a criminal history check was completed prior to providing DDA services to participants. For example: Employee (4) started employment in 2006 and had no criminal history check was completed until 10/21/08 during the survey.  (Agency corrected deficiency during survey. Agency must address questions 3 and 4 on the plan of correction.)	Owner/DS and/or DS will be responsible for all quality assurance corrections and maintenance. The regulations and employee manual will be reviewed and updated, if changes are necessary, monthly. This will include, but is not limited to, ongoing monitoring of staff and client file reviews.

<b>Scope and Severity:</b>	Isolated / No Actual Harm - Potential for Minimal Harm	<b>Date to be Corrected:</b> <b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.201.04.g 201.APPLICATION FOR INITIAL CERTIFICATION. 04. Content of Application for Certification. Application for certification must be made on the Department-approved form available by contacting the Department as described in Section 005 of these rules. The application and supporting documents must be received by the Department at least sixty (60) days prior to the planned opening date. The application must include all of the following: (7-1-06) g. Written code of ethics policy adopting a code of ethics relevant to professional activities with participants and colleagues, in practice settings. The policy must articulate basic values, ethical principles and standards for confidentiality, conflict of interest, exploitation, and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies. The code of ethics adopted must reflect nationally-recognized standards of practice; (7-1-06)	Certification or Licensure  1 out of 1 Policy lacked:  *Evidence the written code of Ethics policy articulated basic values, ethical principles and standards of confidentiality, conflict of interest, exploitation and inappropriate boundaries in the developmental disabilities agency's relationship with participants and with other agencies.  (Agency corrected deficiency during survey. Agency must address questions 3 and 4 on the plan of correction.)	Owner/DS and/or DS will be responsible for all quality assurance corrections and maintenance. The regulations and employee manual will be reviewed and updated, if changes are necessary, monthly. This will include, but is not limited to, ongoing monitoring of file reviews.

<b>Scope and Severity:</b> / No Actual Harm - Potential for Minimal Harm	<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.400.02.e  400. GENERAL STAFFING REQUIREMENTS FOR AGENCIES. 02. Professionals. The agency must have available, at a minimum, the following personnel, qualified in accordance with Section 420 of these rules, as employees of the agency or through formal written agreement: (7-1-06) e. Psychologist; and (7-1-06)	Staff Qualifications  The agency lacked:  "Evidence the agency has available at a minimum as employee or through formal written agreement a Psychologist. For example: The agency has a Licensed Marriage and Family Counselor but no evidence of a licensed Psychologist.	Agency will continue our search for a licensed Psychologist. We have completed a list of contacts that we have made in the past year. Owner/DS and/or DS will be responsible for locating a licensed Psychologist.  Participants were not affected. There were no participants in need of a psychological evaluation.  File reviews will be done monthly.  This will be achieved by February 10, 2009.

<b>Scope and Severity:</b> / No Actual Harm - Potential for Minimal Harm	<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
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Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.01	Staff Qualifications	
405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06) 01. Limits to Paraprofessional Activities. The agency must assure that paraprofessionals do not conduct participant assessments, establish a plan of service, develop a Program Implementation Plan, or conduct collateral contact or IBI consultation. These activities must be conducted by a professional qualified to provide the service. (7-1-06)	The agency policy lacked:  *Evidence the agency assures that paraprofessionals do not conduct participant assessments, establish a plan of service, develop a program implementation plan or conduct collateral contact or IBI consultation. These activities must be conducted by a professional qualified to provide the service.  (Agency corrected deficiency during survey. Agency must address questions 3 and 4 on the plan of correction.)	Molly Scott (Owner/DS) and/or Kelley Heffelfinger (DS) will be responsible for all quality assurance corrections and maintenance. The regulations and employee manual will be reviewed and updated, if changes are necessary, monthly. This will include, but is not limited to, ongoing monitoring of file reviews.
<b>Scope and Severity:</b> / No Actual Harm - Potential for Minimal Harm		<b>Date to be corrected:</b>
		<b>Administrator Initials:</b>
Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.405.02.a-c	Supervision	
405. STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI. When a paraprofessional provides either	2 out of 3 Developmental Therapist (2,3) records lacked:  *Evidence the agency professional conducted	Weekly meetings will continue. If someone does not attend, documentation will be done as to why they were absent. Owner/DS and/or DS will be responsible for holding these meetings. Appropriate meeting



developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)

02. Frequency of Supervision. The agency must assure that a professional qualified to provide the service must, for all paraprofessionals under his supervision, on a weekly basis or more often if necessary: (7-1-06)

- a. Give instructions; (7-1-06)
- b. Review progress; and (7-1-06)
- c. Provide training on the program(s) and procedures to be followed. (7-1-06)

weekly instruction, review of progress and provided training on the program(s) and procedures to be followed. For example: Developmental Therapist (2) lacked evidence of weekly instruction, review of progress and training for: week 3 for 09/08. Developmental Therapist (3) lacked evidence of weekly instruction, review of progress and training for: week 1 for 01/08; weeks 1 & 2 for 02/08; week 3 for 03/08; and, week 4 and 5 for 05/08.

notes will be recorded to suffice DDA regulations. New meeting note forms have already been implemented. If an employee misses a meeting, they will be required to read through and discuss with Molly Scott (Owner, DS) or Kelley Heffelfinger (DS) the information taken.

No participants were directly affected due to continuous communication between staff in between meetings.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

**Rule Reference/Text**

16.04.11.405.03

**STANDARDS FOR PARAPROFESSIONALS PROVIDING DEVELOPMENTAL THERAPY AND IBI.** When a paraprofessional provides either developmental therapy or IBI, the agency must assure adequate supervision by a qualified professional during its service hours. All paraprofessionals must meet the training requirements under Section 415 of these rules

**Category/Findings**

Supervision

1 out of 3 Developmental Therapist (3) records lacked:

\* Evidence of monthly observations. For example: The Developmental Therapist (3) lacked evidence of monthly observations for 05/08.

**Plan of Correction (POC)**

Monthly observations will continue to be completed. DS will review observations after Owner, DS completes them to assure none have been overlooked.

No participants were affected due to ongoing communication between staff.

This has already been implemented.

and must meet the qualifications under Section 420 of these rules. A paraprofessional providing IBI must be supervised by an IBI professional; a paraprofessional providing developmental therapy must be supervised by a Developmental Specialist. Paraprofessionals providing developmental therapy to children birth to three (3) must work under the supervision of a Developmental Specialist fully qualified to provide services to participants in this age group. For paraprofessionals to provide developmental therapy or IBI in a DDA, the agency must adhere to the following standards: (7-1-06)

03. Professional Observation. The agency must assure that a professional qualified to provide the service must, on a monthly basis or more often if necessary, observe and review the work performed by the paraprofessional under his supervision, to assure the paraprofessional has been trained on the program(s) and demonstrates the necessary skills to correctly implement the program(s). (7-1-06)

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

**Rule Reference/Text**

16.04.11.415.01

**415. GENERAL TRAINING REQUIREMENTS FOR DDA STAFF.**

01. Yearly Training. The DDA must ensure that each developmental specialist, IBI professional, paraprofessional, or volunteer who provides a DDA service completes a minimum of twelve (12) hours of formal training each calendar year. (7-1-06)

**Category/Findings**

Training

1 out of 5 Employee record (3) lacked:

\*Evidence the employee received 12 hours of formal training for the calendar year 2007.

**Plan of Correction (POC)**

Training hours will be more closely monitored made more regular. Owner/DS and/or DS will be responsible for completing this checklist as training occurs.

A checklist to ensure training is completed has already been implemented.

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<b>Scope and Severity:</b> Widespread / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.500.02 500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06) 02. Environment. The facilities of the agency must be designed and equipped to meet the needs of each participant including factors such as sufficient space, equipment, lighting and noise control. (7-1-06)	Building Standards The Center lacked:  Evidence the facilities of the agency were designed and equipped to meet the needs of each participant including factors such as lighting. For example: The therapy room by the fire extinguisher had one row of lights that were burnt out and in the 2nd bathroom the light bulb above the sink was burnt out.  (Agency corrected deficiency during survey. Agency must address questions 3 and 4 on the plan of correction.)	Owner/DS and/or DS will be responsible for maintaining facility standards such as, lights, outlet plugs, etc.  This will be done monthly using a checklist as part of quality assurance.	

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.11.500.03.f

500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)

03. Fire and Safety Standards. (7-1-06)

f. All hazardous or toxic substances must be properly labeled and stored under lock and key; and (7-1-06)

**Category/Findings****Building Standards****The Center lacked:**

\*All Hazardous or toxic substances properly stored under lock and key. For example: The 1st bathroom had 1st aid kits with ointments under the sink cabinet with no lock. An unlocked cabinet in the middle section of the center between the bathroom and first therapy room contained hair care products, sun screen, and tartar control tooth paste which states, "Keep out of reach of children under 6." One therapy room had shaving cream in a closet area.

(Agency corrected deficiency during survey. Agency must address questions 3 and 4 on the plan of correction.)

**Plan of Correction (POC)**

Owner/DS will be responsible for maintaining facility standards such as, keeping all hazardous materials in a locked closet.

This will be done monthly using a checklist as part of quality assurance.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.500.04	Building Evacuation	Owner/DS will be responsible for maintaining facility standards such as, making sure that the fire safety evacuation plans stay current.
500. FACILITY STANDARDS FOR AGENCIES PROVIDING CENTER-BASED SERVICES. The requirements in Section 500 of these rules, apply when an agency is providing center-based services. (7-1-06)	1 out of 1 Policy lacked:	This will be done if changes occur to the building layout.
04. Evacuation Plans. Evacuation plans must be posted throughout the center. Plans must indicate point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building. (7-1-06)	*Evidence the fire safety policy and evacuation plan included point of orientation, location of all fire extinguishers, location of all fire exits, and designated meeting area outside of building.  (Agency corrected deficiency during survey. Agency must address questions 3 and 4 on the plan of correction.)	

**Scope and Severity:** / No Actual Harm - Potential for Minimal Harm **Date to be Corrected:** **Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.510.01.c	Policies and Procedures	Owner/DS and/or DS will be responsible for all quality assurance corrections and maintenance. The regulations and employee manual will be reviewed and updated, if changes are necessary, monthly. This will include, but is not limited to, ongoing monitoring of file reviews.
510. HEALTH REQUIREMENTS.	1 out of 1 Policy lacked:	
01. Required Health Policies and Procedures. Each DDA must develop policies and procedures that: (7-1-06)	*Evidence of a policy addressing any special medical or health care needs of particular participants being served by the agency.	
c. Address any special medical or health care needs of particular participants being served by		

the agency. (7-1-06)

(Agency corrected deficiency during survey.  
Agency must address questions 3 and 4 on the  
plan of correction.)

**Scope and Severity:** / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.11.510.02

**510. HEALTH REQUIREMENTS.**

02. Services that Require Licensed Professionals. Some services are of such a technical nature that they must always be performed by, or under the supervision of, a licensed nurse or other licensed health professional. The agency must assure that all such care is provided within the scope of the care provider's training and expertise. These limitations are outlined in IDAPA 23.01.01, "Rules of the Idaho Board of Nursing," Section 490. (7-1-06)

**Category/Findings**

Qualified Professional

Agency policy and procedures lacked:

\*Evidence the agency assures that all such care is provided within the scope of the care provider's training and expertise.

(Agency corrected deficiency during survey.  
Agency must address questions 3 and 4 on the  
plan of correction.)

**Plan of Correction (POC)**

Owner/DS and/or DS will be responsible for all quality assurance corrections and maintenance. The regulations and employee manual will be reviewed and updated, if changes are necessary, monthly. This will include, but is not limited to, ongoing monitoring of file reviews.

**Scope and Severity:** / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.11.600.01.e

600. COMPREHENSIVE ASSESSMENTS CONDUCTED BY THE DDA. Assessments must be conducted by qualified professionals defined under Section 420 of these rules for the respective discipline or areas of service. (7-1-06)

01. Comprehensive Assessments. A comprehensive assessment must (7-1-06)

e. For medical or psychiatric assessments, formulate a diagnosis. For psychological assessments, formulate a diagnosis and recommend the type of therapy necessary to address the participant's needs. For other types of assessments, recommend the type and amount of therapy necessary to address the participant's needs. (7-1-06)

**Category/Findings**

Assessments

1 out of 4 participant (1) record lacked:

\*Comprehensive assessments that recommended type and amount of therapy to address the participant's needs. For example: Participant (1)'s Comprehensive Developmental Assessment lacked the recommendation of amount of therapy.

**Plan of Correction (POC)**

Participant files will continue to be reviewed monthly and corrective action will be taken if necessary at that time. Owner/ DS and/or DS will be responsible for all quality assurance.

These will be completed correctly by February 10, 2009.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:**



<u>Rule Reference/Text</u>	<u>Category/Findings</u>	<u>Plan of Correction (POC)</u>
16.04.11.605.01 605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 01. Further Assessment. Further assess an area of limitation or deficit identified on a comprehensive assessment. (7-1-06)	Requirements for Specific Skill Assessments 1 out of 4 Participant (2) record lacked:  *Documentation of supporting specific skill assessments that assess an area of limitation or deficit identified on a comprehensive assessment. For example: Participant (2)'s record lacked a specific skill assessment for "conversation".	Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes.  Participants were not affected because this was an error in that the participant did not require a conversation skill assessment on his strengths and/or needs.  File reviews are and will continue to be completed monthly to ensure that all skill assessments and IPP's match. File reviews of all participants have been completed and no other changes in this area needed to be made.
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b>

<u>Rule Reference/Text</u>	<u>Category/Findings</u>	<u>Plan of Correction (POC)</u>
16.04.11.605.02 605. REQUIREMENTS FOR SPECIFIC SKILL ASSESSMENTS. Specific skill assessments must: (7-1-06) 02. Related to a Goal. Be related to a goal on the IPP, ISP, or IFSP. (7-1-06)	Requirements for Specific Skill Assessments 1 out of 4 Participant (2) record lacked:  *Documentation of the specific skill assessment is related to a goal on the IPP. For example: Participant (2) record lacked the specific skill assessment addressing the goal "conversation" on the IPP.	Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes.  Participants were not affected by this deficiency. An error was made to this specific participants IPP, in that a conversation skill assessment was not needed.

		File reviews of all participants were done to ensure that all IPP's and skill assessments matched. File reviews will continue to be done monthly.
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**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.701.04.a  701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06) 04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06) a. Type of service refers to the kind of service described in terms of: (7-1-06) i. Discipline; (7-1-06) ii. Group, individual, or family; and (7-1-06) iii. Whether the service is home, community, or center-based. (7-1-06)	Individual Program Plan  2 out of 4 Participant (3,4) record lacked:  *Evidence the Individual Program Plan includes type of service. For example: Participant (3,4)'s IPP lacked location therapy is to be conducted (i.e.: home, center, community).	Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes. All other participants that require these changes will be completed by May 2, 2009.  No participants were affected and services were not interrupted.  File reviews have been completed on all participants and will continue to be reviewed monthly. All IPP's will be updated to include location where necessary.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.11.701.04.c

701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)

04. Individual Program Plan (IPP) Definitions. The delivery of each service on a plan of service must be defined in terms of the type, amount, frequency, and duration of the service. (7-1-06)

c. Frequency of service is the number of times service is offered during a week or month. (7-1-06)

**Category/Findings**

Individual Program Plan

4 out of 4 Participant (1,2,3,4) record lacked:

\*Individual Program Plans that defined frequency of service .

**Plan of Correction (POC)**

Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes. All other participants that require this change will be completed by May 2, 2009.

Participants were not affected by this deficiency. Services were not interrupted due to this deficiency.

We have conducted file reviews on all participants. All participants IPP's will be updated with the appropriate frequency of service. File reviews will be done monthly to ensure that this deficiency is corrected.

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.iv	Individual Program Plan	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)	4 out of 4 Participant (1,2,3,4) record lacked:  *Evidence the amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks unless there is documentation of a participant based reason. For example: Participant (1) received 64.3% of the hours authorized; Participant (2) received 24.5% of the hours authorized; Participant (3) received 66.9% of the hours authorized; and Participant (4) received 67.6% of the hours authorized.	Hours will be monitored by new scheduling and cancellation system that has recently been implemented that show scheduling of 80% or more of the participants hours. If a participant cancels, it will be documented. If an employee cancels, other therapists will make an attempt to fill those cancelled hours. Owner/DS and/or DS will be responsible for documenting appropriate hours and cancellations.  Participants were affected because they were not receiving 80% of approved hours. And therefore, not receiving full potential therapy hours.
05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)		
e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)		
iv. The type, amount, frequency and duration of therapy to be provided. For developmental therapy, the total hours of services provided cannot exceed the amount recommended on the plan. The amount and frequency of the type of therapy must not deviate from the IPP more than twenty percent (20%) over a period of a four (4) weeks, unless there is documentation of a participant-based reason; (7-1-06)		

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.ix	Individual Program Plan	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES	1 out of 4 Participant (4) record lacked:	Target dates on all IPP's will be reviewed and changed or added as necessary. These will be monitored during monthly file

**THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.**

Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)

ix. The target date for completion of each objective: (7-1-06)

\*An Individual Program Plan with the target date for each objective.

reviews. Owner/DS and/or DS will be responsible for these file reviews and overall quality assurance.

Participant 4's target dates will be added by December 15, 2009.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

**Rule Reference/Text**

16.04.11.701.05.e.vii

**REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM.**

Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17)

**Category/Findings**

Program Implementation Plan

1 out of 4 Participant (2) record lacked:

\*Evidence a Program Implementation Plan is developed for each objective identified on the Individual Program Plan. For example: Participant (2)'s record lacked a Program Implementation Plan for objective "conversation".

2 out of 4 Participant (1,2) record lacked:

\*Evidence the Individual Program Plan includes a list of measurable behaviorally stated

**Plan of Correction (POC)**

Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes. All programs that require change on all other participants will be completed by May 2, 2009.

Participants could be affected in that their priority needs may not be thoroughly addressed. This could possibly delay further independence, for example.

years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)

vi. An accurate, current, and relevant list of the participant's specific developmental and behavioral strengths and needs. The list will identify which needs are priority based on the participant's choices and preferences. An IPP objective must be developed for each priority need; (7-1-06)

objectives which correspond to the list of priority needs.

File reviews, including making sure the priority needs on the IPP's match the skill assessments. File reviews will continue to be done monthly. Any changes at this time will be completed and updated.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.701.05.e.viii	Individual Program Plan	The Developmental Specialist reviewed and signed the Individual Program Plan. Here on out the Developmental Specialist will attend the initial meeting for the Individual Program Plan.
701. REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under	1 out of 4 Participant (4) record lacked:  *An Individual Program Plan with the discipline professional or Developmental Specialist responsible for each objective.	No participants were affected by this deficiency because the Developmental Specialist has reviewed and signed all IPP's.  The IBI Professional and Developmental Specialist will attend initial and follow-up meetings.

Section 700 of these rules for all ISSH Waiver participants, (7-1-06)  
 05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)  
 e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)  
 viii. The discipline professional or Developmental Specialist responsible for each objective; (7-1-06)

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

**File Reference/Text**

16.04.11.701.05.e.x

05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)

**Category/Findings**

Individual Program Plan

1 out of 4 Participant (4) record lacked:

\*An Individual Program Plan with the review date

**Plan of Correction (POC)**

Review dates will be added correctly to all IPP's that are missing them. This specific participant's review dates will be added by December 15, 2008. Owner/DS and/or DS will be responsible for these corrective actions and monthly file reviews. When reviewing files, IPP's will be checked for appropriate review dates and added or changed if necessary.

Developmental Disabilities Agency		1 Step Closer, LLC	10/23/2008
<p>e. The IPP must promote self-sufficiency, the participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)</p> <p>x. The review date; and (7-1-06)</p>			Participants could be affected if a review is not completed in the appropriate time frame and services could be interrupted due to this. Participants goals and objectives could be overlooked and not updated, however, this has not occurred on any review.
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>	<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>	
16.04.11.701.05.e.xi	Individual Program Plan	Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes. All other participants who require a change in their transition plans will be completed by May 2, 2009.	
701.REQUIREMENTS FOR A DDA PROVIDING SERVICES TO CHILDREN AGES THREE THROUGH SEVENTEEN AND ADULTS RECEIVING IBI OR ADDITIONAL DDA SERVICES PRIOR AUTHORIZED UNDER THE EPSDT PROGRAM. Section 701 of these rules does not apply to participants receiving ISSH Waiver services. DDAs must comply with the requirements under Section 700 of these rules for all ISSH Waiver participants. (7-1-06)	2 out of 4 Participant (1,2) record lacked:  *An Individual Program Plan with a rule-compliant transition plan.	No participant has been affected at this point, no transitions have occurred.	
05. Individual Program Plan (IPP). For participants three (3) through seventeen (17) years of age who do not use ISSH Waiver services, and for adults receiving EPDST services, the DDA is required to complete an IPP. (7-1-06)		Transition plans will be changed and modified at the participant's 6 month or annual reviews to be more specific and individualized.	
e. The IPP must promote self-sufficiency, the			



participant's choice in program objectives and activities, encourage the participant's participation and inclusion in the community, and contain objectives that are ageappropriate. The IPP must include: (7-1-06)

xi. A transition plan. The transition plan is designed to facilitate the participant's independence, personal goals, and interests. The transition plan must specify criteria for participant transition into less restrictive, more integrated settings. These settings may include integrated classrooms, community-based organizations and activities, vocational training, supported or independent employment, volunteer opportunities, or other less restrictive settings. The implementation of some components of the plan may necessitate decreased hours of service or discontinuation of services from a DDA. (7-1-06)

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.703	Program Implementation Plan	
703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through	1 out of 4 Participant (2) record lacked:  *Program Implementation Plan(s) that relates to a goal or objective on the participant's plan of service for each DDA objective on the Implementation Plan. For example: The participant's Implementation Plan lacked a goal or objective for conversation.	Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes.  All participants Program Implementation Plans will be included under the same tab as the IPP to ensure consistency of plans to IPP's.  Participant's were not affected by this deficiency. The identified participant did not require a goal or objective on conversation. An typing error was made on this specific IPP.  All files have been reviewed and this deficiency was not present on any other participant's IPP. Monthly file reviews will continue to be completed and all IPP's will be checked to ensure no errors have been made and that goals and objectives on the IPP match

703.07 of this rule: (7-1-06)

the skill assessments for each participant.

**Scope and Severity:** Isolated / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule Reference/Text**

16.04.11.703.03

703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)

03. Objectives. Measurable, behaviorally-stated objectives that correspond to those goals or objectives previously identified on the required plan of service. (7-1-06)

**Category/Findings**

Program Implementation Plan

2 out of 4 Participant (1,2) record lacked:

\*Program Implementation Plans that contain measurable and behaviorally stated objectives that correspond to objectives identified on the Individual Program Plan.

**Plan of Correction (POC)**

Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes. Changes that need to be made on all other participant's plans will be completed by May 2, 2009.

Participants could be affected if their goals and objectives cannot be measured accurately. Measuring their progress would be difficult and therefore, making transition difficult.

File reviews will be done monthly and all PIP's will be changed to be measurable. We have asked for a training on the PIP's to be able to write and understand them for better accuracy.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:****Rule References/Text**

16.04.11.703.04

703. PROGRAM IMPLEMENTATION PLAN REQUIREMENTS. For each participant, the DDA must develop a Program Implementation Plan for each DDA objective included on the participant's required plan of service. All Program Implementation Plans must be related to a goal or objective on the participant's plan of service. The Program Implementation Plan must be written and implemented within fourteen (14) days after the first day of ongoing programming and be revised whenever participant needs change. If the Program Implementation Plan is not completed within this time frame, the participant's records must contain participant-based documentation justifying the delay. The Program Implementation Plan must include the following requirements in Subsections 703.01 through 703.07 of this rule: (7-1-06)

04. Written Instructions to Staff. These instructions may include curriculum, interventions, task analyses, activity schedules, type and frequency of reinforcement and data collection including probe, directed at the achievement of each objective. These instructions must be individualized and revised as necessary to promote participant progress toward the stated objective. (7-1-06)

**Category/Findings**

Program Implementation Plan

2 out of 4 Participant ( 1,2) record lacked:

\*Program Implementation Plans with written instructions to staff. For example: instructions insufficient to run program.

**Plan of Correction (POC)**

Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DSWill be responsible for receiving the technical assistance and implementing necessary changes. All other participants the require "instructions to staff" to be changed will be completed by May 2, 2009.

Participants could be affected in that there may be a lack of consistency from therapists in the way the program is ran.

All "instruction to staff" will be written individualized and detailed to the specific skill assessment.

**Scope and Severity:** Pattern / No Actual Harm - Potential for Minimal Harm**Date to be Corrected:****Administrator Initials:**

<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.708.01  708.REQUIREMENTS FOR DELIVERY OF DDA SERVICES. 01. Comprehensive Assessment and Plan Requirements. Prior to the delivery of a service, a comprehensive assessment must be completed by a professional qualified to deliver the service and it must document the participant's need for the service. All services must be included on the participant's plan of service. Program Implementation Plans must be developed for each objective listed on the plan of service. (7-1-06)	Program Implementation Plan  1 out of 4 Participant (2) record lacked:  *Evidence Program Implementation Plans are developed for each objectives listed on the plan of service. For example: Participant (2) lacked an implementation plan for "conversation".	Agency has pursued outside technical assistance to improve overall quality of the agency. All changes and corrections will be completed by February 10, 2009. Owner/DS and/or DS will be responsible for receiving the technical assistance and implementing necessary changes.
<b>Scope and Severity:</b> Isolated / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b> <b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.710  710.REQUIRED SERVICES. Each DDA is required to provide developmental therapy, and, in addition, also must provide or make available the following services: psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy. Developmental therapy must be provided by qualified employees of the agency. Psychotherapy, occupational therapy, physical therapy, and speech and hearing therapy must either be provided by qualified employees of the agency or through a formal written agreement. (7-1-06)	Required Services  Agency lacked:  *Evidence the DDA provides or makes available the required service Psychotherapy. For example: No evidence of a job description or formal written agreement for Psychotherapy.	Psychotherapy will be added to the Psychologist contract. Owner, DS will be responsible for this correction and review of each contract. This correction was made on November 20, 2008.  Participants were not affected because psychological evaluations were not required for any participant as of current.

<b>Scope and Severity:</b> / No Actual Harm - Potential for Minimal Harm		<b>Date to be Corrected:</b>
		<b>Administrator Initials:</b>
<b>Rule Reference/Text</b>	<b>Category/Findings</b>	<b>Plan of Correction (POC)</b>
16.04.11.900.02.e  900.REQUIREMENTS FOR AN AGENCY'S QUALITY ASSURANCE PROGRAM. Each DDA defined under these rules must develop and implement a quality assurance program. (7-1-06) 02. Quality Assurance Program Components. Each DDA's written quality assurance program must include: (7-1-06) e. A regular review of the agency's code of ethics, identification of violations, and implementation of an internal plan of correction.	QA Program  1 out of 1 Quality Assurance Program components lacked:  *A regular review of the agency's code of ethics, identification of violations and implementation of an internal plan of correction. In addition, no evidence the regular review was conducted.	A new initial and annual training log has currently been implemented to ensure that the Code of Ethics will be reviewed annually or more often if necessary. Owner/DS and/or DS will be responsible for keeping this log current and all quality assurance.  Participants could be affected if a therapist is unclear on the ethical standards and boundaries. For example: a participant could possibly be neglected and the therapist could be unaware of the neglect.

Scope and Severity: / No Actual Harm - Potential for Minimal Harm

Date to be Corrected:

Administrator Initials:

Rule Reference/Text	Category/Findings	Plan of Correction (POC)
16.04.11.905.01-.02 905. PARTICIPANT RIGHTS. Each DDA must ensure the rights provided under Sections 66-412 and 66-413, Idaho Code, as well as the additional rights listed in Subsection 905.02 of this rule, for each participant receiving DDA services. (7-1-06) 01. Participant Rights Provided Under Idaho Code. Sections 66-412 and 66-413, Idaho Code, provide the following rights for participants: (7-1-06) a. Humane care and treatment; (7-1-06) b. Not be put in isolation; (7-1-06) c. Be free of mechanical restraints, unless necessary for the safety of that person or for the safety of others; (7-1-06) d. Be free of mental and physical abuse; (7-1-06) e. Voice grievances and recommend changes in policies or services being offered; (7-1-06) f. Practice his own religion; (7-1-06) g. Wear his own clothing and to retain and use personal possessions; (7-1-06) h. Be informed of his medical and habilitative condition, of services available at the agency and the charges for the services; (7-1-06) i. Reasonable access to all records concerning himself; (7-1-06) j. Refuse services; and (7-1-06) k. Exercise all civil rights, unless limited by prior court order. (7-1-06) 02. Additional Participant Rights. The agency	Participant Rights Agency lacked: *Evidence the DDA ensures the participant rights are posted in the Center. For example: The rights posted in the center did not include all the participants rights in this section of the DDA rules. (Agency corrected deficiency during survey. Agency must address questions 3 and 4 on the plan of correction.)  In addition, participant rights given to the participants did not include all rights listed in this section. For example: Right to refuse to perform services for the agency and if hired are they paid according to state and federal wage laws. (16.04.11.905.02.e.)	Owner/DS and/or DS will be responsible for all quality assurance corrections and maintenance. The regulations and employee manual will be reviewed and updated, if changes are necessary, monthly. This will include, but is not limited to, ongoing monitoring of file reviews.  No participants were affected. Participants could have been affected because the client rights given to the participant did not include all rights listed in section verbatim to IDAPA rules and rights may not be thoroughly understood.

must also ensure the following rights for each participant: (7-1-06)

- a. Privacy and confidentiality; (7-1-06)
- b. Be treated in a courteous manner; (7-1-06)
- c. Receive a response from the agency to any request made within a reasonable time frame; (7-1-06)
- d. Receive services that enhance the participant's social image and personal competencies and, whenever possible, promote inclusion in the community; (7-1-06)
- e. Refuse to perform services for the agency. If the participant is hired to perform services for the agency the wage paid must be consistent with state and federal law; (7-1-06)
- f. Review the results of the most recent survey conducted by the Department and the accompanying plan of correction; (7-1-06)
- g. All other rights established by law; and (7-1-06)
- h. Be protected from harm. (7-1-06)

**Scope and Severity:** Widespread / No Actual Harm - Potential for Minimal Harm

**Date to be Corrected:**

**Administrator Initials:**

**Administrator Signature (confirms submission of POC):**

*W. J. [Signature]*

**Date:** 1/13/09

**Team Leader Signature (signifies acceptance of POC):**

**Date:**